

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)						SERIAL NO. <i>10/130,411</i>		FILING DATE			
						APPLICANT(S)					
CLAIMS											
AS FILED			AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		IND.			DEP.	
	IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.	
1	/						61	2	/		
2		/					62		/		
3		/					63		/		
4		/					64		/		
5		/					65		/		
6		/					66		/		
7		/					67		/		
8		/					68		/		
9		/					69		/		
10		/					70		/		
11		/					71		/		
12		/					72		/		
13		/					73		/		
14		/					74		/		
15		/					75		/		
16		/					76		/		
17		/					77		/		
18		/					78		/		
19		/					79		/		
20		/					80		/		
21		/					81		/		
22		/					82		/		
23		/					83		/		
24		/					84		/		
25		/					85		/		
26		/					86		/		
27		/					87		/		
28		/					88		/		
29		/					89		/		
30		/					90		/		
31		/					91		/		
32		/					92		/		
33		/					93		/		
34		/					94		/		
35		/					95		/		
36		/					96		/		
37		/					97		/		
38		/					98		/		
39		/					99		/		
40		2					100				
41		2					TOTAL IND.	5		1	
42		2					TOTAL DEP.	56		23	
43		2					TOTAL CLAIMS	61		24	
44		2									
45		1									
46		1									
47		2									
48		2									
49		2									
50		1									
TOTAL IND.		1									
TOTAL DEP.		1									
TOTAL CLAIMS		61									